



County Borough of Wolverhampton.

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ANNUAL REPORT  
TO THE  
EDUCATION COMMITTEE.

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W. SPENCER BADGER, M.B., Ch. B. (Vict.), D.P.H. (Camb.),  
MEDICAL OFFICER TO THE EDUCATION COMMITTEE.

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## County Borough of Wolverhampton.

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To the EDUCATION COMMITTEE.

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Ladies and Gentlemen,

I have pleasure in presenting to you my Fifth Annual Report, which deals with the work performed during the year ended December 31st, 1913.

The Report is again mainly a record of routine work progressing upon lines already described. Following the plan adopted last year, a General Survey is given first, the detailed results of Medical Inspection being entered upon in subsequent pages.

## GENERAL SURVEY.

The Board's Code requirements for Medical Inspection in 1913 were practically identical with those for the preceding year; Routine Inspection applied therefore to Entrants and Leavers only. Special cases also were examined, and re-examinations made as opportunity permitted. Decreases are recorded in the number examined under the latter heads; but the increase in the number of Routine Inspections more than counterbalances the deficiency.

Many more scholars require re-examination. There is urgent need also for an Inspection Centre where such scholars, together with many special cases that need to be referred to the School Medical Officer by the Committee, Bye-Laws Rota, Teachers, Attendance Officers, School Nurses, and others, may be conveniently examined with economy of time and with greater efficiency than is possible upon School premises.

There were no changes in the Medical Staff during the year.

The School Nurses continued their excellent work, a feature of the latter being the consistent following up of cases, and the systematic examination of children without previous notice. Nurse Medley unfortunately met with a bicycle accident in the course of her work at the beginning of April, and was unable to fully resume her duties until the beginning of September.

An increase is recorded in the number of neglected scholars left unimproved after following up—(page 21). This apparent lack of success is partly to be attributed to the gradual raising of the standard of cleanliness expected, but it is also due to failure to deal effectively with parents who are habitual offenders.

A minority of neglectful parents are indifferent to repeated warnings. They have discovered that refusal to comply with the Committee's requests for amelioration of dirty conditions usually results in nothing more serious than exclusion of their children from school for indefinite periods. In the case of elder scholars such exclusion is frequently welcomed by the parents, who make use of the children at home. During the past year there were for example 276 exclusions of scholars from school on account of verminous and dirty conditions. Included in this number were 19 exclusions of scholars for periods of four weeks or more each, on account of verminous conditions associated with repeated neglect. One of these scholars (a girl) was twice excluded for a month each time, after several shorter exclusions had proved ineffectual to secure a remedy for her verminous



condition. These exclusions were turned to account by the parent; for the girl was discovered during her exclusion from school to be following the occupation of nurse-maid to a young baby living in a nice part of the town. Similarly another girl excluded from school on account of her verminous condition obtained employment at a confectioner's shop. To permit the exclusion of children from school to constitute the ultimate penalty for this form of neglect is a thoroughly unsound policy, and one that is incidentally calculated to result in serious loss of Government Grant.

The Cleansing Station,\* by use of which it will sometimes be possible to prosecute neglectful parents under Section 122 of the Children Act, is now completed, and at the time of writing is expected to be shortly in use. It is hoped that the operation of the Cleansing Scheme sanctioned by the Committee will, to some extent at least, supply the deficiency that now exists in this direction.

The percentage attendance of parents at Medical Inspection again increased last year, constituting a new and very remarkable record—(page 9).

Medical defects were notified and followed up as usual. Where the result was ascertained, approximately one-half of the cases followed up were found to have obtained medical treatment—(page 32). Seeing that over 250 of these cases obtained their medical treatment at the Hospital, and that a contemplated change in procedure at the latter seems likely to increase the demand for tickets of admission, the difficulty of obtaining medical treatment through this channel in future is likely to be considerably increased.

Extended experience confirms the view that medical treatment is frequently long delayed, and sometimes inadequate when obtained. As previously stated, insufficient facilities exist for the appropriate treatment of many defects.

At the time of my last year's Report, the Committee's Scheme of Medical Treatment had not received the sanction of the Board. This obstacle has since been removed, but certain difficulties of a financial nature have been discovered to hinder the putting of the Scheme into operation. The recent decision of the Board to contribute Grant in aid of the expenditure on Medical Inspection itself has been noted, but its ultimate effect is at present uncertain.

The Board of Education has officially indicated two impending changes in the classification of children whose inspection is required. The first of these changes applies to the current year, the examination of children of 12 years

\*A description of the Cleansing Station is given on page 22.

of age and over being required from April 1st, 1914. This practically means that the number of Leavers to be examined this year is doubled. The other change consists in the introduction of an additional and intermediate age group of scholars, whose examination at 8 years of age will be required from April 1st, 1915. Additional staff will be required to carry out either of these changes.

#### ADMINISTRATION—SUMMARY OF WORK, &c.

At the end of the year 1913 the Elementary School accommodation was as follows:—26 Elementary Schools, 1 Higher Elementary School, 1 Special School, 1 Day Industrial School.

A new School, comprising Infants and Mixed Departments, and providing accommodation for a total of 700 scholars, was opened at Hordern Road on 24th August.

A new Infants' Department, providing accommodation for 138 scholars, was opened at St. Jude's School after the Midsummer holidays. Structural alterations were simultaneously effected in the Mixed School, accommodation being provided for 348 scholars. Several other improvements also were carried out.

Additional accommodation for 41 scholars was arranged at Dudley Road School.

Darlington Street School was closed on 24th August.

The number of scholars, average attendance, and percentage attendance in the Elementary Schools for the last completed week in the year, were as follows:—Number of scholars on rolls, 17,340; average attendance, 15,902.4; percentage attendance, 91.7.

The School Medical Officer's Inspections were as follows:—Routine Inspections, 3,765; Special Inspections, 187; Re-examinations, 126.

In addition to the foregoing, enquiries were made on behalf of the Committee and for the Bye-Laws Rota. Bursar Scholars, Student Teachers, and Free Scholarship holders were examined, and visits paid to classes.

At the request of the Committee of the Schools Athletic Association, arrangements were made with the Honorary Secretary for the School Medical Officer to examine, when practicable, scholars taking part in football matches. The Schools Athletic Association is desirous that every proper precaution should be taken to ensure the physical fitness of boys undertaking strenuous exercise under their direction.



This attitude, which reflects credit upon the Association, is justified by the knowledge that in the case of badly nourished boys it is not uncommon to find the heart temporarily unequal to the strain of severe exertion.

When opportunity permits, it is hoped to make more frequent examination of football teams with a view to protecting the physically unfit, as well as in the interests of players.

1,111 printed notifications of medical defects were issued in 1913. This represents a considerable increase over the previous year. In many cases more than one notification of defect was issued in respect of the same scholar. Nevertheless, the number indicates an extraordinarily large proportion of defective scholars. The number of notifications issued in respect of verminous or dirty cases was as follows:—First Notices, 1,525; Second Notices, 306; Total 1,831.

The total number of children excluded from school by the School Medical Officer under Article 53b of the Code, was 406.

276 of these were excluded on the grounds of their dirty or verminous condition. The average duration of exclusion was 6.8 school days per scholar.

During the year an arrangement was made with the Medical Officer of Health to send to the School Medical Officer a counterfoil of all his exclusions affecting scholars attending the Elementary Schools. Since Midsummer a Register has been kept of these exclusions, the total number of which for the latter half of the year 1913 was 295, made up as follows:—

Infectious Disease.	Number of Children Excluded.		
	Cases.	Contacts.*	Total.
Measles ... ..	37	106	143
Scarlet Fever ...	23	90	113
Diphtheria ...	7	32	39
Total ...	67	228	295

\*Scholars not indicated upon the exclusion counterfoils as 'cases' have been registered as 'contacts.'

The usual duration of exclusion by the Health Department in respect of Measles was four weeks. It is at present the custom to exclude from school all the members of a family in which a case of Measles occurs, whether attending Infants or Senior Departments, irrespective of a previous attack. In the case of Scarlet Fever, the usual exclusion for 'cases' and 'contacts' was seven weeks, unless the 'case' was removed to Hospital, when the exclusion of 'contacts' was a fortnight. The period of exclusion for Diphtheria was usually four weeks, with a similar reduction in the case of 'contacts,' to a fortnight if the 'case' was removed.

An arrangement was also effected with the Health Department in the matter of closure of schools. Hitherto the schools under the control of the Committee have usually been closed on the Authority of Article 57 of the Code, that is to say, by the Sanitary Authority or two members thereof acting on the advice of the Medical Officer of Health. The Medical Officer of Health has readily agreed to effect future closures in co-operation with the School Medical Officer. For this purpose a form has been prepared, being a modification of one used, I believe, in Staffordshire, which will be employed to convey the joint recommendations of the Medical Officer of Health and the School Medical Officer for closure of schools under Art. 45b.

24 School Departments suffered closure during the year, an epidemic of Measles being the cause in every case. Six of these departments were closed from 1st April until after the Easter holidays, and the remainder on the 20th May until after the Whitsuntide holidays.

The use of oily preparations for laying the dust of school floors appears to have been widely adopted, and has certainly resulted in greater freedom of the school atmosphere from dust. At the same time, the use of soft brushes for sweeping permits the retention upon the floor of a considerable amount of dirt. The application of these floor preparations and the subsequent treatment of the floor surfaces appear to require regulating and supervising; this duty might with advantage be entrusted to a superintendent of caretakers, as suggested in my Report for 1910.

The transfer of Schedules rendered necessary by the frequent removal of scholars from school to school is proving a matter of some difficulty. Until the latter part of the year such transfers were dealt with by the School Medical Officer's department and entailed a considerable amount of clerical work. The work of transfer has now been taken over by the Attendance Department.



On April 4th a circular letter was addressed to the Head Teachers of Senior Departments reminding them of the necessity of applying for the Medical Schedule Cards of scholars transferred to their departments who have been inspected. Attention is again drawn to the need for systematic attention to this matter.

It is a debatable point whether greater efficiency would not be secured by keeping the whole of the Medical Schedules in a central office at the Town Hall. In connection with the filling up of Medical Schedules, it would probably facilitate the work of teachers if provision were made upon the usual scholars' admission forms for the inclusion of such details as are required for this purpose, together with a statement as to whether the child has, or has not, been already medically inspected. This would simplify the teachers' work and would tend to obviate the examination of children twice over.

A new form of timetable of Medical Inspection has been introduced, superseding the form numbered M.I.2. The new form was designed by the clerk to this department, and is a distinct improvement in the arrangements for inspection.

#### ATTENDANCE OF PARENTS AT MEDICAL INSPECTION.

3,548 parents or their representatives attended Medical Inspection in respect of the 3,765 scholars examined. This represents a percentage attendance of 94, and constitutes, I believe, a record for any area in the country, surpassing our own previous record of 91 per cent. The attendance for the last six years is given below:—

Year.	Percentage Attendance of Parents.		
1908*	...	...	83.5
1909	...	...	86.6
1910	...	...	88.3
1911	...	...	89.3
1912	...	...	91.1
1913	...	...	94.2

\*Incomplete year.

#### THE RESULTS OF MEDICAL INSPECTION.

##### HEIGHT AND WEIGHT.

We continued to record the height and weight of scholars at Medical Inspection as a routine practice. The Committee's arrangements for the systematic testing and regulation of the weighing machines being not yet effective,



we give the results below with the necessary reserve. In one school it was necessary to abandon the usual weighing on account of obvious inaccuracy of the machine :—

Year of Age.	Sex.	No. of Observations.	Mean Excess of Months over Year of Age.	Average Height (in Centimetres)	Average Weight (in Kilos).
5	Boys	868	4·7	102·9	17·1
	Girls	799	4·8	102·0	16·7
13	Boys	819	6·5	142·4	34·9
	Girls	767	6·7	144·9	36·7

These results compare unfavourably with the standards for the corresponding year of age given by the Anthropometric Committee of the British Association, and with other standards of more recent date. It should be noted, however, that our examination of children of five years of age took place as a rule nearer their fifth than their sixth birthday, whereas in some standards with which comparison may be made, the mean age at Inspection may be presumed to have been somewhat later.

#### CLEANLINESS AND CLOTHING—Table II., pages 26 & 27.

The response of parents to the usual notification of an intended Inspection of their children is now so marked that records under these and other heads must not be taken as indicating anything like the conditions normally existing in school.

With regard to the record of clothing, this may be considered from the point of view of cleanliness or some other characteristic.

We are accustomed to make separate records in respect of (a) the cleanliness and (b) the sufficiency or repair of clothing. In the table on page 26 is included a further record based upon either consideration.

It will be seen that in no direction was there much to complain of on the day of Inspection, though it should be explained that a broad interpretation has been placed upon the word 'satisfactory,' this category including a considerable number of scholars who were in reality noted as 'fairly' 'satisfactory.' The remarkable results, however, seen upon the day of Inspection astonished the teacher in many cases. We could wish that some of these results were more permanent in character, and that it was less frequently necessary after Inspection in poor schools to return clothing to the owners from whom it was borrowed, or to the pawnshop from whence it had been temporarily withdrawn for the occasion of Inspection. A larger number of scholars were recorded as unsatisfactory in respect of the sufficiency or repair of clothing than in respect of its cleanliness. Stockings are always a difficulty in poor schools, and thriftlessness is often displayed by the absence of any attempt at mending them; the stockings being commonly worn until their condition is hopeless, and then being thrown away. Pins are far too frequently employed instead of buttons, hooks and eyes, or tapes. They are also used for reducing the size of holes in clothing and to save the trouble of mending. We have also seen them used to fasten the hopeless remains of stockings upon the legs and feet of the wearers. This misuse of pins almost invariably indicates a measure of thriftlessness which teachers might well refuse to countenance.

In the Infants' Department of one of the Council Schools in a poor district, the Head Teacher has made a firm stand against thriftlessness in matters of clothing. All garments must be suitably provided with buttons, hooks and eyes, or tapes. Pins are absolutely forbidden, and clothes must be mended. It has naturally taken a little time to effect reform in these matters, but I can personally testify to the remarkable improvement that has taken place in the general appearance of tidiness of the scholars in this department. The improvement in such cases does not appear to be limited to the mere provision of buttons and tapes where necessary, but there seems to be aroused simultaneously on the part of parents an increased attention to their children's general condition and comfort.

There seems to be general agreement that the Elementary School children of this town are improving in cleanliness. It is only just to add that in view of the difficulties under which parents frequently labour, the cleanliness of a large number of children reflects credit upon the care bestowed upon them. There are, however, great contrasts to be seen, and the persistently neglected condition of a considerable minority is a matter for serious consideration.



## HEADS.

The condition of heads at Routine Inspection does not show, at least in figures, any improvement on the result of the previous year, when, however, a very substantial advance was recorded. Nevertheless, there has almost certainly been slow improvement. In the absence hitherto of an effective policy directed against the worst offenders, this improvement is quite as good as we have any right to expect. The condition of heads of girls aged 13 during the last three years is given below:—

		1911.	1912.	1913.
	Number examined ...	635	639	785
		Per cent.	Per cent.	Per cent.
Free from all traces of Vermin	...	3·5	18·0	16·7
Nits only	... ..	86·9	77·5	80·8
Vermin and Nits	... ..	9·6	4·5	2·5

## FOOTGEAR.

The table on page 26 shows that the footgear of 366 scholars was definitely unsatisfactory. Reference was made to this problem in a paper on "Personal Hygiene" delivered by the School Medical Officer at the London Guildhall in June, 1913, wherein was advocated the repair of footgear by parents themselves as the only practicable means in many cases of overcoming difficulties in this direction.

Parents should be encouraged to practice this measure of domestic thrift and economy. To this end, teachers might take note that a 'satisfactory cast-iron 'last' for the repair of boots can be obtained in this town for the sum of one shilling. This apparatus, together with a hammer, nails, and pieces of leather which can be obtained from a few pence upwards, constitute the entire outlay for repairs. Sufficient leather to completely sole a boy's boots costs about sixpence, and packets of 'sprigs' can be obtained for one penny. With a little practice excellent repairs can be effected. This plan is already followed by many thrifty parents, and deserves to be adopted more generally. The Distress Committee during the year distributed 370 pairs of boots.

It is perhaps worth considering whether the distribution of boot repair outfits as described above would not in the long run serve a more useful purpose as an incentive to thrift than the practice hitherto adopted of making gifts of boots and clogs. One cannot avoid the conclusion that in respect of both clothing and footgear the necessitous cases that receive most assistance are not always the most deserving.



cases. So long as a thrifty parent, perhaps struggling hard against adverse circumstances, manages to keep her family tidily clothed and decently shod—at no matter what cost or by what pains—this case is apt to be passed over as one in which no assistance can be required; whereas the children of thriftless and possibly drunken parents, who habitually go about in rags, attract attention by their more obvious need, and it is the parents of these children who as a rule receive assistance. Our best chances of effecting permanent reforms in such matters, however, attend well considered schemes which provide simultaneously for the rendering of assistance to the necessitous, and for the application of deterrent measures directed against neglect. The latter part of such schemes, however, are not popular; nevertheless, to adopt the former without the latter constitutes, in my opinion, an incomplete and unsatisfactory policy which is calculated to do harm to the community.

#### TUBERCULOSIS OF THE LUNGS.—(page 29).

The proportion of children recorded this year as suffering from Tuberculosis of the lungs is larger than usual. This increase is partly accounted for by the more complete examination of the chest that is now practised. As indicated in previous reports, however, examinations of the chest in Elementary Schools frequently approach a mere formality on account of incessant noise. The diagnosis of this disease in children is admittedly difficult, and in school sometimes impossible. No apology is therefore needed for possible mistakes in diagnosis arrived at as the result of a single examination.\* All the classic signs of Consumption in adults are unreliable guides in children, and the ambiguities of the physical signs in a large number of badly nourished scholars are frequently accentuated by the effects of recent attacks of measles or whooping cough, as well as by the existence of respiratory obstruction from enlarged tonsils or adenoids.

From the point of view of treatment the question of actual infection by the tubercle bacillus is of less importance than that of the general health and the condition of nutrition of the individuals who must be continually exposed to invasion by this organism. The outstanding feature of both tubercular and pre-tubercular children is that such scholars are ill and require appropriate treatment.

\* “It takes several very careful and complete examinations to be sure of an early tuberculosis, and even then it is sometimes impossible to avoid mistakes. In looking over my own notes I find that no less than 152 out of a total of 233 must be considered doubtful.” (Diseases of Children—‘Goodhart,’ page 355).

We are now keeping a Register of Tuberculous cases, both "actual" and "suspected." By the former we mean those in which the evidence of tubercular disease was sufficiently strong to justify notification. Interesting information has been obtained in regard to these cases which we hope to submit at a future date.

The amount of respiratory disease amongst our juvenile population is unquestionably very large. Catarrhal affections of the air passages are very frequent, particularly in younger children. It is probably no exaggeration to say that one in every three of the "Entrants" and one in every four of the "Leavers" examined exhibited some degree of bronchial catarrh.

I have referred elsewhere—(page 20)—to the proper teaching of breathing exercises as a remedial measure. It seems advisable to advocate here also the need for closer attention to breathing exercises, particularly in the case of infants and girls. The inefficiency with which the act of respiration is normally performed by a large proportion of younger children, and sometimes by girls, is remarkable; and the results of the teaching of physical exercises in this respect are by no means uniformly successful. Debilitated children in particular when asked to take a deep breath commonly raise their shoulders or jerkily project their stomachs; in quite a number of cases considerable difficulty was found in securing satisfactory performance of the respiratory act. The readiness with which it was repeated, however, when learned, frequently caused the impression that the scholar had never consciously breathed deeply before.

#### NOSE AND THROAT.

Under this heading—(page 27)—the number given of mouth breathers is of small value; for the detection, at Medical Inspection, of this habit has to be largely discounted on account of the numerous injunctions that may have been given to the child beforehand to "open his mouth for the doctor." Thus a youngster entering the room at Inspection with his mouth open sometimes opens it wider when placed on a chair for examination, and wider still when repeatedly asked to close it.

The total number of scholars recorded in the table as presenting tonsillar enlargement with or without adenoids includes cases of slight as well as of marked enlargement. Some of the former defects were no doubt of a temporary character.



## DEAFNESS.

It is impracticable under present conditions to carry out systematically the "whispered voice test" for deafness. When we possess suitable accommodation at an Inspection Centre a more systematic test will be practicable. In the meantime we do the best we can, utilising information from teachers and parents, and paying particular attention to any scholar reported to be dull or backward. The total proportion of deafness recorded agrees closely with the record of last year.

## SKIN.

It will be seen from the table—(page 29)—that 29 cases of Ringworm were discovered at Routine Inspection. Many cases are now voluntarily notified by the teachers. All such cases are registered and followed up; 75 cases were thus registered during the year. Their treatment, frequently unsatisfactory, is referred to on page 21.

## ACQUIRED DEFORMITIES.

The 281 acquired deformities in "Leavers" included 110 cases of spinal curvature and 136 cases of flat foot. The former defect usually took the form of a mild, but quite distinct lateral curvature. Some marked curvatures were, however, discovered; in one or two of these it was remarkable that the defect had hitherto passed completely unnoticed. This defect is of special interest to teachers on account of the adoption of faulty attitudes for reading, writing, or standing, being a common exciting cause of the curvature. In this connection there is unquestionably widespread need in the schools for reform in desk accommodation. The old-fashioned desks were bad, but I am not convinced that the dual desks that have replaced them are always better. As sometimes used, I believe they are worse. The problem of desk accommodation is, of course, a big one, involving the still larger question of classroom accommodation. Reforms in these matters will come slowly. In the meantime the widely accepted axiom that scholars' copies should be kept "squarely on the desk"\* should, in my opinion, be abandoned, the idea being, I believe, thoroughly unsound. A straight copy for writing means in many cases a crooked back. Assuming that the scholar is right-handed, the position of the copy should be such that the extremities of its horizontal lines are approximately equidistant from the scholar's right elbow. In this way the elbow may be regarded as the centre of a circle of which the forearm constitutes a radius and the line of writing a chord. If the copy is squarely on the desk it is almost

\* "The paper should lie squarely on the desk." Board of Education "Suggestions" for the consideration of Teachers, page 52.



inevitable that the elbow and the forearm will displace the trunk to the one side in order that the elbow concerned may approach the centre of operations. The copy must, therefore, be allowed to be crooked, if the back is to be straight.

#### MENTAL DEFICIENCY.

27 cases of mental deficiency were recorded during the year, 8 of these being discovered at Routine Inspection. We are now keeping a Register of mentally defective children as well as of those suspected of mental deficiency. Our Register contains the names of 19 others examined during the year whose mental condition was doubtful and called for re-examination.

#### VISION.

The testing of vision with Snellen's Test Types has been carefully carried out by the teachers in respect of a total of 1,616 scholars. The table on pages 30 and 31 represents the resulting record. The instructions for testing were originally given by the School Medical Officer, and the result has been occasionally checked by him.

#### FOLLOWING UP AND MEDICAL TREATMENT OF DEFECTS.

1,421 cases notified as requiring medical treatment were followed up during the year, of which number 1,074 were new cases. These cases are analysed in table A, page 32. The total number is an increase of 422 over the corresponding number the previous year, and represents an extraordinarily high proportion of defective scholars.

The increase in the number of notified cases is partly due to the larger total number of Routine scholars examined last year, but it is also due to particular increases in the number of notified cases of defective vision, enlarged tonsils and adenoids. With regard to defective vision we have adopted a somewhat higher standard than in previous years, notifying cases that presented symptoms of eye strain, even if the record of vision were apparently normal. With regard to the other defects we have made a more careful search for signs of adenoids and deafness, and have generally notified the need of medical treatment for moderately enlarged tonsils if this defect has been associated with any degree of deafness. But apart from these modifications of standard, the proportion of scholars presenting physical defects was very large.

An analysis of the total number of visits paid by the School Nurses in following up these 1,421 cases is given in table B, page 33; and the result of following up is shown in table C, page 34.

In the latter table the numbers treated and untreated in each class of defect are further analysed as to the means of medical treatment and the cause of failure to obtain medical treatment respectively. A column is added which shows the number of scholars in each class of defect who have left school during the year with their defect untreated.

Nearly all the treated cases of defective vision obtained their treatment at the Eye Infirmary. Reference has previously been made to the frequent lapse of treatment commenced at the latter—cases which nevertheless may have been included in the number “treated.” On the other hand cases unable to obtain prescribed spectacles have been numbered with the “untreated.”

I would again point out to the Committee the increased facility for the treatment of defective vision that might follow suitable arrangements with local Opticians for the supply of spectacles at contract rates. This could be done independently of the Committee’s Scheme of Medical Treatment. It seems improper that parents should be continually pressed to provide spectacles at a cost which may be practically prohibitive, when these could be brought within their means by the help of a simple arrangement.

The exceedingly unsatisfactory treatment of running ears has been previously referred to. This defect is a very troublesome one to deal with. The outstanding need appears to be that the defect should be promptly discovered and promptly dealt with; but when, as is usually the case, the defect is allowed to continue for weeks without suitable treatment, or perhaps without any treatment at all, the difficulty of cure becomes greatly increased, or the latter may become impossible without operation.

The question of diagnosis of tuberculosis of the lungs in children has already been referred to—(page 13). In both tubercular and pre-tubercular cases appropriate treatment is required. This cannot be said to be available to any extent at the present time. When treatment is secured, both actual and suspected cases of Consumption are generally taken to the Hospital where they receive medicine and are usually advised to carry out fresh air treatment as well as practicable at home. This advice may or may not be followed, but the child frequently stays away from school for an indefinite period, during which he or she is sometimes found to be working at an unsuitable employment, thus:—

A boy, E.T., was found at Medical Inspection to be very badly nourished. He suffered from tubercular glands, the condition of his lungs also being unsatisfactory. The case was notified to the parents, who



took the boy to the Hospital, where medicine was given, and the boy excluded from school for over two months. During this time he was reported to be overworked, and was discovered to be employed by a baker taking bread out regularly to customers.

As I pointed out in my last Report, these children require good hygiene rather than medicine. The appropriate treatment is to have them removed from insanitary surroundings to healthy conditions of life, and to supply them with fresh air, good food, and sufficient rest. There is no single measure of treatment that would meet the wants of a larger class of defective scholars than an Open-Air School designed to supply these requirements.

The following case illustrates the difficulty of securing appropriate treatment for many cases under the existing conditions of their home environment. C.B., the daughter of a brassworker, but living with guardians in a small, dark, and badly situated house, was discovered to be suffering from Consumption in October, 1912. Her guardians were notified of the need for medical treatment, and the walls, &c., of the house were forthwith cleansed throughout by the Health Department. A year later the child, who was not then attending school, was visited by the School Medical Officer, and the following facts noted:—

“The front of the house is dark, the outlook being badly obstructed. The kitchen is used as the living room; this has sufficient window space, but the outlook here also is badly blocked. The chimney smokes persistently, and the room is very untidy, dark and stuffy. A disused aquarium is one of the ornaments; inquiry elicited the reply that the smoke from the chimney killed the fish that it contained. There are two bedrooms and a boxroom upstairs; each room is provided with a window, the latter being closed in every case.

The child and her guardians occupy the front bedroom, which is of fair size and contains two beds, both unmade and in a filthy condition. The whole room is full of rubbish and the window is not only shut, but the entrance of light is prevented by the pinning up of brown paper. There is a fireplace in the room, but this is also blocked up with brown paper.

The child is in an advanced condition of Consumption; there is consolidation in both lungs, one of which contains a cavity.”

At this visit the woman stated that when we notified the case twelve months ago the child was taken to the Hospital, where the diagnosis was confirmed, and the child stated to be unfit to attend school. Then the child spent



some time in the Workhouse Infirmary; since then she had lived in this insanitary house. She was not at this time receiving any medical treatment at all. The guardians seemed to trouble themselves very little about the child's health, although the woman remarked that she took a "constitutional" every morning under her direction. This "constitutional," however, was found to consist in carrying breakfast to the guardians' son, the road to his workplace taking her through one of the least healthy parts of the borough.

The male guardian had a cough and was stated to suffer from Asthma; the female guardian looked ill as well as very dirty. The young man was stated to be in good health, but upon discovery of a bottle of embrocation in his bedroom, I was informed that he suffered dreadfully from "pains in the chest," and that he had had a cough for two years, which was worse at night, also that he was about to get married. It seemed not improbable that all the inmates of this house were consumptive.

On the 17th November the house was again visited, and the School Nurse reported that in spite of previous warnings all windows were shut, and the fireplace and window still blocked. Information was also elicited that the child was insured for £5, in order, the guardian explained, to bury her if, and when, necessary. She informed the School Nurse that she herself was the mother of 22 children born alive, of whom only 4 were living at the present time.

Re-visited on the 22nd January, 1914, the child was reported to be dead. With the 18 deaths of her own family, this made the 19th funeral presided over by the female guardian. The child's father had shown considerable indifference to her illness; not many weeks before her death he expressed his opinion that there was not much the matter with her. After the funeral, however, he raised some trouble. He complained of the poor tea provided by the guardian on that occasion. This the woman nevertheless maintained had been quite up to the standard she usually observed on such occasions.

Treatment for cases of enlarged tonsils and adenoids is usually obtained through the Hospital. There is the usual difficulty in obtaining tickets; and when obtained a considerable delay frequently occurs before the treatment is carried out. Thus, in the case of a boy suffering from deafness, these defects were notified in June, 1913. A Hospital note was not obtained until October, and in December the child was still "waiting for a bed." Meanwhile the defect had become more serious, the deafness

having increased and the boy having lost ground in school where he was reported to be very much handicapped by his defect.

Treatment when carried out is not always successful, *e.g.* —a case notified in July, 1912, was operated upon for the relief of respiratory obstruction which, however, was not very marked at the time of examination. Re-examined in December, 1913, there was evidence of increased obstruction and the child was in addition very deaf, his condition being, in fact, considerably worse than before. No breathing exercises of any sort were carried out after the operation. This omission appears to be a frequent cause of failure to derive benefit from the operation. It appears very desirable that every case operated upon for this defect should receive clear and explicit instructions as to the method of practising suitable breathing exercises. Respiratory obstruction resulting from deflected nasal septum or from hypertrophied turbinals does not apparently receive very close attention when treatment is sought. I strongly recommend that all breathing exercises in school should be done with closed lips for both inspiration and expiration. A very common practice is to permit the exercise to be carried out with closed lips for inspiration and with lips parted for expiration. In my opinion this is unwise, and I have not been able to discover anything to recommend it. On reference to the Board's Syllabus for Physical Exercises for Schools, I see that the instruction given to the teacher\* is in accordance with the foregoing recommendation.

Difficulty in securing treatment for enlarged tonsils and adenoids not infrequently comes from the parent who is influenced by a natural disinclination for an operation. The parent's objection is quite understandable and is entitled to respect. It would be both impolitic and unjust to press for an operation in cases where the precise significance of slight enlargement of the tonsils was a matter open to some doubt. But where the interference to health is obviously very great and the defect has already produced marked and increasing deafness which is certain to blight the future career of a scholar, it appears to me that the obstinate prejudice of a parent should not be allowed to interfere with the welfare of his child. We have more than one case of this type. Proceedings can be taken against such parents under Section 12 of the Children Act. An instance was reported last year where the Magistrates having refused to convict, an appeal taken to the High Court resulted in the case being referred back for re-hearing, the view being held that the Justices might properly convict.

\* "The Teacher must for Physical Exercises teach nasal breathing for Inspiration and Expiration." Syllabus for Physical Exercises for Schools, 1909, page 68.



A great deal of school attendance is lost from the neglect or insufficient treatment of minor skin diseases; incidentally it may be mentioned that Eczema due to the irritation of verminous conditions is frequently alleged as the excuse for non-attendance. Ringworm is apparently no longer treated by X-rays at the General Hospital. As usual, this defect commonly received inadequate treatment, and sometimes no treatment at all.

50 cases of 'general debility' were notified during the year of the need for medical treatment. This does not by any means represent the total number suffering from that condition. As previously explained, the appropriate treatment of such cases is a matter of hygiene rather than of medicine. As mentioned above in connection with Tuberculosis, the provision of an Open Air School would meet the requirements of an exceedingly large class of scholars suffering from impairment of nutrition and lowered vitality, for whom medical treatment in the form of a bottle or two of medicine is practically useless.

### NURSES' SYSTEMATIC EXAMINATION OF HEADS.

This work was continued by the School Nurses throughout the year in the intervals allowed by the performance of their other work. 29 schools and 37 Girls' and Infants' Departments were visited for the purpose of Inspection of heads without previous notice. The total number of visits made was 343, the total number of scholars examined being 2,768 girls. An analysis of the condition found is as follows:—

Condition of Scalp.					Percentage.
Free from any trace of Vermin	...				17·0
Nits only . . . . .	...	...	...	...	63·0
Vermin and Nits . . . . .	...	...	...	...	20·0

Re-examinations were made of the unsatisfactory scholars; 831 notices were issued to parents; the total number of examinations made being 3,692. The number of scholars left without satisfactory improvement having been obtained was 126—a considerable increase on the corresponding number recorded last year. The cause of this increase has already been referred to—(page 4).



### CLEANSING STATION.

At the end of the year the equipment of the Cleansing Station was practically completed. The premises occupy a small two-storied building that previously belonged to the Day Industrial School and was formerly utilised as a laundry. It is separated from the School premises by an outer yard; by means of already existing gates and a separate entrance it was possible to completely detach the building from the school premises proper.

The building is approximately 20-ft. long by 11-ft. wide, and consisted of single upstairs and downstairs apartments, communication between the two being by means of a ladder staircase at the further end. The upper apartment has now been ingeniously converted into a bath room, dressing room, and a disinfecting chamber; whilst the downstairs apartment with small alteration serves as a waiting room. An efficient boiler and cylinder downstairs provides for an ample circulating supply of hot water. The pipes in the bath room are arranged in a convenient manner for the drying of towels, and a radiator is supplied in the dressing room. This is useful for drying girls' hair. The bath room equipment consists of an enamel bath together with a porcelain slab and sink, both provided with hot and cold water. The slab, which is intended for use in connection with the cleansing of heads, is also provided with a flexible head spray discharging a mixed jet of hot and cold water. The floor has an impervious surface and is constructed with a fall towards a drain at one end, the walls of this room being lined with white tiles. A window is provided between the bath room and the disinfecting chamber, through which clothes may be passed for the purpose of disinfection.

The dressing room, which contains a separate lavatory basin for the use of the Nurses, has an entrance from the bath room and a separate exit to the staircase.

The vermin destroyer is an apparatus of simple construction employing current steam, and is heated by a gas ring. It rests upon a stone slab, and the floor itself being lined with lead, any risk of fire is obviated. The whole premises are simple and efficient and were designed by the Committee's Architect upon suggestions made by the School Medical Officer.

### SPECIAL SCHOOL.

The Report of the Superintendent of the Special School for Mentally Defective Children is as follows:—

There are at present 46 children attending the Special School. This is the largest number since the School was opened, and there is now not room for all those who have

been sent up for examination and certified as mentally defective. At present there are two children waiting to come as soon as there are vacancies.

Twelve new children were admitted during the year, and six have left; one had reached the age limit—sixteen. Two aged fourteen went to work, one went to the Cottage Homes, one left the district, and one, after a trial, was found too defective to benefit by further attendance at school.

There were several cases of Measles during the epidemic in Spring, otherwise there have been no special diseases noted during the year.

(Signed) INA McNEILL.

February, 1914.

### MISCELLANEOUS.

13 cases of neglect were reported to the N.S.P.C.C. The Inspector visited every case and suitable action was taken by the Society. We are again indebted to this Society for the readiness with which all cases referred to them have been investigated and for the assistance that we have derived in this way.

Four girls whose domestic environment was very unfavourable were recommended by us as suitable for admission to the Blue Coat School. Three of these were subsequently admitted to that Institution; in the remaining case the parents refused consent.

### THE BOARD'S TABLES.

For the first time the Board of Education have prescribed the forms in which it is considered desirable that the results of Medical Inspection should this year be presented.

An effort has been made to comply with this wish in Tables I. and II. (pages 25-31), but in the case of the official Table III., the response to our request for information under the various headings is not yet sufficiently complete to justify tabulation of the data received. It is hoped that in future years we shall be in a better position to give the necessary information.

Tables A-C (pages 32-34) have reference to the work of following up in connection with the Medical Treatment of notified defects. This work was described in pages 16-21.

In conclusion I desire to thank all those whose friendly co-operation has assisted towards making my task a pleasant one. My thanks are particularly due to my own Staff for their loyal assistance, to many teachers for extra work ungrudgingly performed, and to the Education Secretary with his Staff for their unfailing courtesy.

I am,

Ladies and Gentlemen,

Your obedient Servant,

W. SPENCER BADGER.

MARCH 23RD, 1914.



Table I.—Number of Children Inspected 1st January, 1913, to 31st December, 1913.  
A. Code Groups.

Age	ENTRANTS.					LEAVERS.					Grand Total.
	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys	54	890	113	32	1089	0	821	16	0	837	1926
Girls	48	821	117	42	1028	0	785	22	0	807	1835
Totals	102	1711	230	74	2117	0	1606	38	0	1644	3761



Cleanliness of Body.	Clean (including fairly clean) ... Dirty ... Pediculi present ...	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	page 10
		1,074	1,011	2,085	98.4	822	799	1,621	98.6	1,896	1,810	3,706	98.5	
		16	17	33	1.6	15	8	23	1.4	31	25	56	1.5	
		9	9	18	0.8	3	0	3	0.2	12	9	21	0.6	
Nutrition.	Excellent (including good)...	387	322	709	33.5	200	270	470	28.6	587	592	1,179	31.3	
	Normal ...	477	517	994	47.0	427	382	809	49.2	904	899	1,803	47.9	
	Below Normal...	219	182	401	18.9	192	148	340	20.7	411	330	741	22.1	
	Bad ...	7	7	14	0.7	18	7	25	1.5	25	14	39	1.0	
Nose and Throat.	Mouth Breathers ...	259	197	456	21.5	186	140	326	19.8	445	337	782	20.8	pages 14 & 19
	Total cases presenting enlargement of Tonsils, with or without Adenoids	199	169	368	17.4	132	119	251	15.3	331	288	619	16.5	
	Adenoids only ...	36	16	52	24.6	25	18	43	2.6	61	34	95	2.5	
External Eye Disease.	No disease ...	1,028	964	1,992	94.1	810	779	1,589	96.7	1,838	1,743	3,581	95.2	4
	Blepharitis ...	42	43	85	4.0	20	15	35	2.1	62	58	120	3.2	
	Conjunctivitis ...	7	4	11	0.5	6	4	10	0.6	13	8	21	0.6	
	Corneal opacities ...	3	2	5	0.2	—	3	3	0.2	3	5	8	0.2	
	Other disease (not squint)	10	15	25	1.2	1	6	7	0.4	11	21	32	0.9	



TABLE II.—Return showing the Physical Condition of Children Inspected—Continued.

CONDITION.		Entrants.				Leavers.				Total.				Special Cases.	Reference, etc.
		Boys		Girls		Boys		Girls		Boys		Girls			
		(a)	(b)	Total (c)	% (d)	(e)	(f)	Total (g)	% (h)	(i)	(j)	Total (k)	% (l)		
Total Inspected ... ..		1,090	1,028	2,118		837	807	1,644		1,927	1,835	3,762		7902(Nurses) 187 (S.M.O.)	
Ear Disease.	Otorrhœa R only ...	7	8	15	0·8	4	4	8	0·5	11	12	23	0·6	}	pages 15 & 17
	" L only ...	7	4	11	0·5	4	2	6	0·4	11	6	17	0·5		
	" R and L ...	—	—	—	—	—	1	1	0·1	—	1	1	0·3		
	Deafness (one or both ears) ...	56	41	97	4·6	41	48	89	5·4	97	89	186	4·9		
Teeth.	Sound ... ..	151	144	295	13·9	41	42	83	5·0	192	186	378	10·0		
	Less than four decayed	369	368	737	34·8	308	323	631	38·4	677	691	1,368	36·4		
	Four or more decayed...	570	516	1,086	51·2	488	442	930	56·6	1,058	958	2,016	53·6		
Heart and Circulation.	No defect ... ..	933	866	1,799	84·9	598	645	1,243	75·6	1,531	1,511	3,042	80·8		
	Organic disease ...	11	9	20	1·0	11	19	30	1·8	22	28	50	1·3	2	
	Functional disease ...	74	73	147	6·9	162	79	241	14·7	236	152	388	10·3	1	
	Anæmia ... ..	72	80	152	7·2	66	64	130	7·9	138	144	282	7·5	6	
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)		





TABLE II.—Return showing the Physical Condition of Children Inspected—Continued.

CONDITION.		Entrants.			Leavers.			Total.			Special Cases.	Reference, etc.
		Boys (a)	Girls (b)	Total (a)	Boys (e)	Girls (f)	Total (g)	% (h)	Boys (i)	Girls (j)	Total (k)	% (l)
Total Inspected ... ..		1,090	1,028	2,118	837	807	1,644		1,927	1,835	3,762	
Speech.	Not defective ... ..	1,005	985	1,990	805	789	1,594	96·9	1,810	1,774	3,584	95·3
	Defective Articulation	78	40	118	9	15	24	1·5	87	55	142	3·8
	Stammering ... ..	7	3	10	23	3	26	1·6	30	6	36	1·0
Mental Condition.	Normal ... ..	} Mental condition of children under 6 years of age not recorded.			751	708	1,459	88·7				
	Dull or Backward ... ..				83	94	177	10·8				
	Mentally defective (all grades) ... ..				3	5	8	0·5				
Squint.	Convergent ... ..	35	31	66	14	14	28	1·7	49	45	94	2·5
	Divergent ... ..	3	1	4	2	2	4	0·2	5	3	8	0·2
Vision.	Total number Tested.	(Vision of children under 6 years of age not tested).			826	790	1,616					
	6/6 both eyes (normal).				403	252	655	40·5				
	<div>6</div> <div>—</div> <div>6</div>	R.			495	346	841	52·0				
		L.			465	312	777	48·0				
					(e)	(f)	(g)	(h)				
											29 Cases of Defective Vision.	page 16

Vision.									
$\frac{6}{9}$	R.			(e)	(f)	(g)	(h)		
	L.			192	250	442	27.3		
$\frac{6}{12}$	R.			60	98	158	9.8		
	L.			62	99	161	10.0		
$\frac{6}{18}$	R.			35	47	82	5.1		
	L.			44	53	97	6.0		
$\frac{6}{24}$	R.			21	21	42	2.6		
	L.			24	20	44	2.7		
$\frac{6}{36}$	R.			11	16	27	1.7		
	L.			17	22	39	2.4		
$\frac{6}{60}$	R.			4	8	12	0.7		
	L.			6	11	17	1.1		
$\frac{6}{60}$	R.			8	4	12	0.7		
	L.			4	4	8	0.5		



TABLE A.—Cases requiring Medical Treatment followed up by School Nurses in 1913 (page 16).

Defect.	Cases followed up.			Result of Following up.		
	New Cases, 1913.	Old Cases, Notified before 1913.	Total Cases.	Not yet Reported.	Obtained Medical Treatment.	Not obtained Medical Treatment.
Vision and Squint ... ..	342	135	477	64	207	206
External Eye Disease ... ..	48	4	52	5	32	15
Running Ears and Deafness ... ..	70	42	112	15	56	41
Tuberculosis ... ..	49	9	58	4	48	6
Suspected ditto ... ..	46	3	49	12	31	6
Bronchitis and other Chest Diseases ... ..	49	13	62	7	44	11
Tonsils and Adenoids ... ..	268	87	355	39	136	180
Skin Diseases ... ..	88	17	105	14	54	37
General Debility, &c. ... ..	50	14	64	4	46	14
Various unclassified ... ..	64	23	87	7	48	32
Total ... ..	1,074	347	1,421	171	702	548

TABLE B.—Total Number of Visits paid to 1,421 Cases referred to in Table A (page 32).

Defect.	No. of Cases.	Times Visited.										
		0	1	2	3	4	5	6	7	8	9	over 9
Vision and Squint ... ..	477	33	249	112	36	25	8	5	3	—	4	2
External Eye Disease... ..	52	3	38	8	2	1	—	—	—	—	—	—
Running Ears and Deafness ...	112	7	62	27	9	7	—	—	—	—	—	—
Tuberculosis ... ..	58	1	46	8	2	1	—	—	—	—	—	—
Suspected do. ... ..	49	6	33	8	2	—	—	—	—	—	—	—
Bronchitis and other Chest Diseases	62	3	47	11	—	1	—	—	—	—	—	—
Tonsils and Adenoids ... ..	355	20	168	90	46	17	5	4	3	—	—	2
Skin Diseases ... ..	105	9	72	19	3	—	2	—	—	—	—	—
General Debility, etc....	64	3	45	12	4	—	—	—	—	—	—	—
Various, unclassified ... ..	87	3	51	21	8	3	1	—	—	—	—	—
Total ... ..	1421	88	811	316	112	55	16	9	6	—	4	4



TABLE C.—Analysis of Means of Treatment, and of cause of failure to obtain Medical Treatment, in 702 and 548 cases respectively, referred to in Table A (page 32).

Defects.	Treated.			Untreated.							No. of Total Untreated left School.	
	Hospital.	Private Practitioners and Club.	Total Treated.	(a) Poverty and Inability.	(b) In-difference	(c) Combina- tion of (a) and (b)	(d) Awaiting Hospital Treatment	(e) No means to purchase Spectacles	(f) Domestic or Chemist's Treatment	(g) Other Causes		Total Medically Untreated.
Vision and Squint ...	198	9	207	120	40	7	—	39	—	—	206	57
External Eye Disease ...	29	3	32	6	2	—	—	—	7	—	15	1
Running Ears & Deafness	32	24	56	15	15	4	3	—	4	—	41	15
Tuberculosis ...	34	14	48	3	3	—	—	—	—	—	6	1
Suspected do. ...	13	18	31	1	3	—	—	—	2	—	6	1
Bronchitis and other Chest Diseases }	11	33	44	4	3	—	—	—	4	—	11	2
Tonsils and Adenoids ...	92	44	136	69	54	6	51	—	—	—	180	32
Skin Disease ...	15	39	54	6	4	—	—	—	27	—	37	3
General Debility, &c. ...	26	20	46	9	3	—	—	—	2	—	14	5
Various, unclassified ...	20	28	48	12	13	—	—	—	7	—	32	6
Total ...	470	232	702	245	140	17	54	39	53	—	548	123









